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## BIB DATA SHEET

CONFIRMATION NO. 1104

| SERIAL NUMBER | FILING or 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
|---------------|-----------------------|-------|----------------|---------------------|
| 10/561,410    | 05/11/2006<br>RULE    | 128   | 3771           | 09424.0236USWO      |

**APPLICANTS**

Anne Haaije De Boer, Drachten, NETHERLANDS;  
 Paul Hagedoorn, Assen, NETHERLANDS;  
 Henderik Willem Frijlink, Eelde, NETHERLANDS;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/NL04/00427 06/16/2004

YES /CS/

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

EUROPEAN PATENT OFFICE (EPO) 03076883.2 06/16/2003

YES /CS/

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

07/15/2006

| Foreign Priority claimed       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
|--------------------------------|---|--|------------------|-----------------|--------------|--------------------|
| 35 USC 119(a-d) conditions met | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Met after Allowance | NETHERLANDS      | 12              | 20           | 3                  |

**ADDRESS**

MERCHANTABILITY & GOULD PC  
 P.O. BOX 2903  
 MINNEAPOLIS, MN 55402-0903  
 UNITED STATES

**TITLE**

Dry powder inhaler and method for pulmonary inhalation of dry powder

|                                    |   |   |
|------------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>1030 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                                       |
|                                    |   | <input type="checkbox"/> 1.16 Fees (Filing)                             |
|                                    |   | <input checked="" type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
|                                    |   | <input type="checkbox"/> 1.18 Fees (Issue)                              |
|                                    |   | <input type="checkbox"/> Other _____                                    |
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